## **APPLICATION DATA SHEET**

## **Application Information**

**Application Number::** 

**Application Type::** 

Filing Date::

| Subject Matter::                 | Utility                                  |
|----------------------------------|--|
| Suggested Classification::       |  |
| Suggested Group Art Unit::       |  |
| CD-ROM or CD-R?::                |  |
| Number of CD Disks::             |  |
| Number of Copies of CDs::        |  |
| Sequence Submission?::           |  |
| Computer Readable Form (CFR)?::  |  |
| Number of Copies of CFR::        |  |
| Title::                          | APPARATUS AT A DRAW FRAME HAVING A       |
|                                  | DRAWING MECHANISM FOR THE DOUBLING       |
|                                  | AND DRAFTING OF FIBRE SLIVERS, HAVING AN |
|                                  | ADJUSTING DEVICE                         |
| Attorney Docket Number::         | 32368-193065                             |
| Request for Early Publication?:: |  |
| Request for Non-Publication?::   |  |
| Suggested Drawing Figure::       |  |
| Total Drawing Sheets::           | 7  |
| Small Entity?::                  | No                                       |
| Latin Name::                     |  |
| Petition Included?::             |  |
| Petition Type::                  |  |
| Licensed US Govt. Agency::       |  |
| Contract or Grant Numbers::      |  |
| Secrecy Order in Parent Appl.::  |  |
| ::ODMA\PCDOCS\DC2DOCS1\484629\1  |  |

Not yet assigned

Regular

September 15, 2003

**Applicant Information** 

Applicant Authority Type:: Inventor

Primary Citizenship:: Germany

Country:: Germany

Status:: Full Capacity

Given Name:: Stefan

Middle Name::

Family Name:: HOLZ

Name Suffix::

City of Residence:: Grevenbroich

**State or Province of Residence::** 

Country of Residence:: Germany

Street of Mailing Address:: Neuenhausener Str. 251

City of Mailing Address:: Grevenbroich

**State or Province of Mailing** 

Address::

Country of Mailing Address:: Germany

Postal or Zip Code of Mailing D-41515

Address::

Applicant Authority Type:: Inventor

Primary Citizenship:: Germany

Country:: Germany

Status:: Full Capacity

Given Name:: Christoph

Middle Name::

Family Name:: LEINDERS

Name Suffix::

City of Residence:: Korschenbroich

State or Province of Residence::

Country of Residence:: Germany

Street of Mailing Address:: An Heldsmühle 65

City of Mailing Address:: Korschenbroich

State or Province of Mailing

Address::

**Country of Mailing Address::** Germany Postal or Zip Code of Mailing D-41352

Address::

**Applicant Authority Type::** Inventor **Primary Citizenship::** Germany

Country:: Germany

Status:: **Full Capacity** 

**Given Name::** Reinhard

Middle Name::

Family Name:: HARTUNG

Name Suffix::

City of Residence:: Mönchengladbach

State or Province of Residence::

**Country of Residence::** Germany

**Street of Mailing Address::** Grasfreed 9

City of Mailing Address:: Mönchengladbach

State or Province of Mailing

Address::

Country of Mailing Address:: Germany D-41065

Postal or Zip Code of Mailing

Address::

# **Correspondence Information**

**Correspondence Customer** 26694

Number::

202 962-4800 **Phone Number::** 

202 962-8300 Fax Number::

rkinberg@venable.com E-Mail Addr ss::

#### **Repres ntative Information**

Representative Customer

26694

Number::

#### **Domestic Priority Information**

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|---------------|-------------------|----------------------|----------------------|
|               | Continuation of   |                      |                      |

### **Foreign Priority Information**

| Country:: | Application Number:: | Filing Date::      | Priority Claimed:: |
|-----------|----------------------|--------------------|--------------------|
| Germany   | 102 42 390.3         | September 13, 2002 | Yes                |
| Germany   | 103 29 835.5         | July 2, 2003       | Yes                |

#### **Assignee Information**

Assignee Name:: Trützschler GmbH & Co. KG

**Street of Mailing Address::** Duvenstrasse 82-92

City of Mailing Address:: Mönchengladbach

State or Province of Mailing

Address::

Country of Mailing Address:: Germany

Postal or Zip Code of Mailing D-41199

Address::